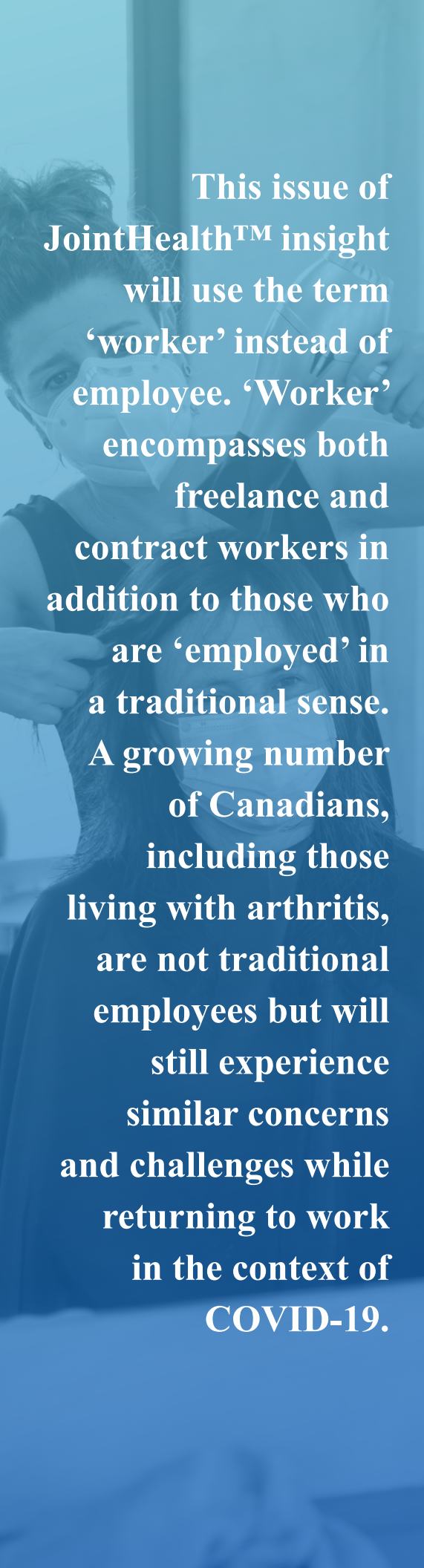


Re-opening and what it means for **workers** living with **arthritis**

As provinces across Canada loosen COVID-19 public health restrictions, the act of re-opening will be carried out not by premiers or the prime minister, but the millions of individuals being asked to do it. Many of those will be people living with arthritis who have a higher risk for health problems associated with COVID-19. In this edition of JointHealth[™] insight, we look at the legitimate, tough questions workers living and working with arthritis have about returning to work during the pandemic.



Many Canadians still approve of shutdown orders as a way to protect public health, but the increase of jobless claims since mid-March has created an urgent need for income. Arthritis Consumer Experts' (ACE) members tell us that as businesses reopen, they are wondering and worrying about what to do. The coronavirus naturally scares them. For Sarah Elmer, a hair stylist in Mississauga living with rheumatoid arthritis, the virus still scares her, and she has strictly followed safe practices to prevent the coronavirus. To Sarah, it seems to her too early to open up the economy, but family bills and expenses have not stopped, her unemployment benefits have not started, and she is starting to worry about next month's rent.



This issue of JointHealth™ insight will use the term ‘worker’ instead of employee. ‘Worker’ encompasses both freelance and contract workers in addition to those who are ‘employed’ in a traditional sense. A growing number of Canadians, including those living with arthritis, are not traditional employees but will still experience similar concerns and challenges while returning to work in the context of COVID-19.

“It’s an extremely hard decision for all of us,” she said. “I want to go back to work. I want to have the money. I want to see people. But it’s hard because I’m worried about my personal risks and the potential of the virus coming back around. I can’t get it off my mind. It’s very stressful.”

It is not an easy decision. In homes across the country, Canadians whose premiers are saying it is time to reopen struggle with what to do, weighing what feels like an impossible choice: their life or their livelihood.

If workers go back to work, will they put themselves at risk of infection and the complications that could arise if they are living with autoimmune arthritis? Could they infect their families? If they don’t feel safe to return because of COVID-19, will they lose their jobs? The coronavirus has created an unprecedented situation for businesses and organizations, large and small, and it will have an impact on the workplace on a scale never encountered before. Your workplace will almost certainly look dramatically different and will require everyone to change their work practices and routines.

The new “workplace normal”

The first step to re-opening is for employers to determine which employees or workers should return to work.

Employers should first:

- Prioritize the work which will help their business operate as close to normal in the context of the pandemic (i.e., is it essential?)
- Consider having workers work remotely (i.e., is it feasible to work at home?).

If it is necessary for workers to come to work, employers should take steps to reduce the risk of exposure to COVID-19. Employers also need to provide *equitable workplace accommodations* to support workers who are high risk for COVID-19, such as those living with an autoimmune form of arthritis. For example, reassigning roles/tasks so that high-risk workers can be better protected from exposure.

The priority should be to taking steps to ensure physical distancing, proper personal protection and virus prevention

hygiene techniques are practiced in the workplace to minimize the risk of transmission, including:

- Reducing the overall number of workers at the workplace at one time. This may be done by implementing work-from-home schedules or rescheduling some work tasks.
- If doable, reorganizing the workplace to maintain appropriate distance between workers. Desks should be 6 feet apart; if that's not possible, employers should consider erecting plastic shields around desks.
- Wearing face coverings.
- Seating should be closed in common areas.
- Ensuring adequate handwashing facilities on site for all workers. Handwashing stations should be visible and easily accessed.
- Limiting worker participation in in-person gatherings and encouraging practices like teleconferences as an alternative.
- Posting occupancy limits (e.g. on elevators, washrooms, and other small spaces), and limiting the number of workers at one time in break locations.
- Limiting worker travel.

If followed, these steps will significantly change the work-place experience. And when it comes to commuting, public health officials and employers are now urging people to drive to work by themselves instead of taking mass transit or car-pooling to avoid potential exposure to the virus.

Understanding your rights

Workers should understand workplace rights – and those of others.

Workers have three specific rights stemming from the **Canada Labour Code**, in relation to their health and safety in the workplace:

- the right to know about hazards in the workplace
- the right to participate in health and safety activities in the workplace
- the right to refuse dangerous or unsafe work





Under the Canada Labour Code, workers have the right to refuse to do a job if there is reasonable cause to believe it presents danger to themselves or another worker. However, as a worker, you are still expected to report to work even in the context of COVID-19.

Each province and territory also has an occupational health and safety act – with provisions specific to each jurisdiction – and most include some version of the right to refuse work that is hazardous or unsafe. For COVID-19, a hazardous or unsafe working condition would be one where a worker’s job places them at increased risk of exposure and adequate controls are not in place to protect them from that exposure.

Workers also have specific rights - related to working conditions and leave provisions - which are outlined in collective agreements or corporate policies in their place of work. These agreements or policies should be followed to resolve any safety concerns. A worker would begin by reporting to their supervisor if they feel their work environment is unsafe. The employer should respond with whether they agree and provide an accommodation. For example, your work environment may not have the ability to comply with physical distancing or isn’t providing hand sanitizer.

If the safety issue is not resolved, the worker and employer must contact the provincial occupational authority. Once that occurs, a provincial inspector or officer will consult with the employer and worker to determine whether there is an undue hazard and issue orders if necessary.

If you need help understanding these provisions, you should talk to your manager/supervisor or your union representative.

What employers should do

Employers must assess their workplaces in order to identify places where the risk of transmission is introduced. This process must involve frontline workers, supervisors, and worker representatives. Every employer is required to have a COVID-19 safety plan and the necessary policies around the risks of exposure at their workplace, how to address illness that arises at the workplace and how to keep their workers safe in adjusted working conditions.

Employers also must be aware that COVID-19 can cause more severe illness among people who are 65 and over, and those who have compromised immune systems or other underlying medical conditions, such as workers living with autoimmune rheumatic disease. Employers need to assess:

- Are they aware whether their workers belong to any of these higher risk groups? (Note: employers cannot assume they know the health status of individual workers and are not necessarily entitled to this information. Workers may choose to confidentially disclose health status to employers and accommodations can be made accordingly.)
- Do they have clients who are at higher risk of severe illness (e.g., older adults)?

Identifying risk in the workplace

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, or from touching a contaminated surface before touching the face. To understand the risk at your workplace, consider the following questions:

- Where do workers congregate, such as break rooms, production lines, or meeting rooms?
- What job tasks or processes require workers to come into close proximity with one another or members of the public?
- What tools, machinery and equipment do workers come into contact within the course of their work?
- What surfaces are touched often, such as doorknobs, elevator buttons, light switches, and other equipment?

Monitoring the workplace

Things may change as your workplace re-opens. Employers should continue to assess the workplace after operations resume and if a new area of concern or risk is identified, or if it seems like something isn't working, employers and workers together should take steps to update policies and procedures to make sure risks are identified and managed.



These are the steps employers must follow if a worker has symptoms or is diagnosed with COVID-19 in the workplace:

- Consult the relevant public health authority in order to obtain guidance on next steps.
- If the worker is/was in the workplace and it is confirmed by a health care provider that the worker is/was infected with COVID-19, under the *Canada Labour Code*, this would constitute a workplace hazard.
- Contact your Human Resources team - they should share information with other departments that could be co-located in the same building.
- Contact the **National Service Call Centre** at Public Services and Procurement Canada to ensure that the affected areas are cleaned as protocols dictate.
- Inform local bargaining agents that a worker who was recently in the workplace has symptoms or has tested positive for COVID-19 and inform them of the steps taken and the plan of action moving forward.
- Inform all workers of the situation and the direction they need to take.
- Depending on the size of the organization, it may only be necessary to inform other workers who would have come in direct contact with the infected employee. Or, it may be necessary to inform all workers. These decisions should be made by consulting your Departmental Labour relations and Occupational Health and Safety coordinators.
- Regardless of who you decide to inform, keep them updated if information changes.

Go Deeper: Arthritis in the Workplace

Understanding the obstacles of arthritis at work

Does this sound familiar? You have arthritis and you're having a difficult time at work. The obstacles of fatigue, pain, stress, and depression seem insurmountable and lead to your inability to produce and meet deadlines. These and other obstacles often force workers with arthritis to leave the workforce earlier than planned, sometimes going on long-term or permanent work disability. Communication around the unique work

challenges brought on by arthritis is important, yet the latest research tells us that workers living with arthritis often do not tell their employer about their disease because of concerns their disclosure could lead to discrimination and loss of employment.

What you need to know about arthritis in the workplace

Arthritis is the leading cause of work disability in Canada, costing the economy more than \$14 billion annually, according to an estimate of the economic burden of illness by Statistics Canada. Lost workdays due to long-term disability account for approximately two-thirds of this total.

Arthritis typically occurs during prime working years, between ages 35-50. One in four adult Canadians has osteoarthritis (OA). Within ten years of the onset of rheumatoid arthritis (RA), up to 50% of employees living with RA are work disabled if left under- or untreated.

Dr. Diane Lacaille of Arthritis Research Canada (ARC) has conducted studies to determine what workplace factors are closely linked to the risk of a work disability lasting six months or longer. She found that high physical demand, low job independence (i.e. minimal control over the pace of work and how duties are performed), and poor support from co-workers aggravated arthritis symptoms and accounted for longer absences from work. Research into arthritis in the workplace also shows:

- The cost of being present, but less productive, is higher than the cost of being absent, with a workforce survey showing the cost was four times higher than the cost of missed days from work.
- Workers with arthritis who have more flexible work arrangements, more autonomy on how they do their job and organize their schedule, and who have received job accommodations, are more productive at work and less likely to become work disabled.
- Workers with arthritis have told us that finding a workplace that will support flexible work arrangements is a priority in their job choice, even at the expense of salary or career advancement.

Did you know ACE runs a program looking for *Canada's Best Workplace for Employees Living with Arthritis*? Learn more about the program [here](#).

Other helpful links:

- **An interview with Dr. Lacaille on [Arthritis At Home](#)**
- **Arthritis Consumer Experts: [Special Report: Arthritis in the Canadian Workforce](#)**
- **Arthritis Research Canada: [Arthritis and Work](#)**

Arthritis Consumer Experts (ACE)

Who we are

Arthritis Consumer Experts (ACE) operates as a non-profit and provides free research based education and information to Canadians with arthritis. We help (em)power people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, scientific and medical experts on the ACE Advisory Board. To learn more about ACE, visit www.jointhehealth.org

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any amount remaining from our annual budget at year end remains with ACE and is used to support the following year's core programs to continue helping Canadians living with arthritis.

For its past 20 years, ACE has consistently honored a commitment to its members and subscribers, academic and healthcare professional

colleagues, collaborators, government and the public that its work is free from the influence of its funders.

To inform ACE employees and our stakeholders, members, subscribers that we will operate our organization with integrity and abide by the highest standards of lawful and ethical behaviour, ACE has adopted this strict set of guiding principles:

- ACE requests grants from private and public organizations to support its core program and plans and allocates those funds free from influence;
- ACE discloses all funding sources in all its activities;
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization;
- ACE identifies the source of all materials or documents used;
- ACE develops positions on health policy, products or services in collaboration with people living with arthritis, academic research community, health care providers and governments free from concern or constraint of its funders or other organizations; ACE employees do not engage in personal activities with its funders;
- Cheryl Koehn does not own stock or any financial interest in any of its private or public funders.

Thanks

ACE thanks Arthritis Research Canada (ARC) for its scientific review of all ACE and JointHealth™ materials.



Disclosures

Over the past 12 months, ACE received grants- in-aid from: Arthritis Research Canada, Amgen Canada, Canadian Institutes of Health Research, Canadian Rheumatology Association, Eli Lilly Canada, Hoffman-La Roche Canada Ltd., Knowledge Translation Canada, Merck Canada, Novartis Canada, Pfizer Canada, Sandoz Canada, Sanofi Canada, St. Paul's Hospital (Vancouver), UCB Canada, and the University of British Columbia.

ACE also received unsolicited donations from its community members (people with arthritis) across Canada.

ACE thanks funders for their support to help the nearly 6 million Canadians living with osteoarthritis, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and the many other forms of the disease.

Disclaimer

The material contained in this publication should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Please contact your physician for your own health care related questions.

ACE Arthritis
Consumer
Experts

#210 - 1529 West 6th Avenue
Vancouver BC V6J 1R1
t: 604.974.1366

feedback@jointhehealth.org
www.jointhehealth.org

ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

© Arthritis Consumer Experts 2020